

**A N N E X A**  
**PROGRAM COMMITMENTS**  
**PATH PROGRAM**

**NAME OF AGENCY:** \_\_\_\_\_

**CONTRACT NUMBER:** \_\_\_\_\_ **CONTRACT TERM:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO** \_\_\_\_/\_\_\_\_/\_\_\_\_

**BUDGET MATRIX CODE:**

33

**BUDGET MODIFICATION NO:**

**(0 = Original)** \_\_\_\_\_

1.  Total number of homeless individuals who will be outreached.

2.  Of all New Enrollees total number of homeless MICA clients.

Individual    Group

3.   Number of face-to-face on-site contacts with homeless clients.

4.   Number of face-to-face off-site contacts with homeless clients.

5.  Aggregate hours of telephone contacts with or on behalf of homeless clients.

6. Total number of enrolled clients successfully linked to non-mental health programs in the following areas:

a.  Financial

e.  Medical/Dental

b.  Long-Term Housing

f.  Mental Health

c.  Temporary Housing/  
Shelter

g.  Habilitation/Rehabilitation

d.  Drug/Alcohol Program

h.  Referrals to Screening or  
for Psychiatric Evaluation

Individual    Group

7.   Units of Service will be provided. (Sum of lines 3 and 4)

## PATH PROGRAM

**HOMELESS CLIENT:** Any individual who suffers from serious illness and who lacks a fixed, regular and adequate nighttime residence or an individual whose primary nighttime residence is a homeless shelter.

**HOMELESS MICA CLIENTS:** An individual who suffers from serious mental illness and who lacks a fixed, regular and adequate nighttime residence or an individual whose primary residence in a homeless shelter who is also a mentally ill chemical abuser.

**FACE-TO-FACE CONTACTS:** Refers to direct contact with or on behalf of the consumers for 15 continuous minutes. If a contact exceeds more than 15 continuous minutes, count as multiple contacts. If one staff member serves between two and six clients simultaneously, count as one group contact per client (group contacts of seven or more clients are not reportable). Travel time is to be excluded from overall contact time.

**TELEPHONE CONTACTS:** Aggregate phone time with or on behalf of the consumer.

**ON-SITE:** Means services provided at the agency offices.

**OFF-SITE:** Means services provided in any location other than the agency offices.

**UNITS OF SERVICE:** Sum of items 3 and 4.

**OUTREACH:** Means any staff contact with a homeless individual in order to introduce the program or staff, establish a relationship, assess the individual, or attempt to engage and enroll the individual in the PATH program.

**ENROLL:** An individual is considered as enrolled when he/she has agreed to allow PATH to provide a service and an intervention is made on their behalf. (Enrollment is accomplished by opening a case record (completing a USTF).

**ALCOHOL AND DRUG TREATMENT SERVICES:** Services, including linkages to detox and rehab, providing referral for or specialized counseling, education and support to consumers with mental illness who also have addiction issues.

**HABILITATION AND REHABILITATION SERVICES:** Activities designed to restore or enable an individual to customary activity through education and therapy. Linkages to Partial Care, Work First, Supported Employment or other vocational services.

**FINANCIAL:** Food Stamps, General Assistance, SSI, SSD.

**TEMPORARY HOUSING:** Motel/Hotel Placement, Shelter, Transitional Housing, etc.

**LONG-TERM HOUSING:** Apartment, Rooming House, Boarding House, etc.

**MENTAL HEALTH SERVICES:** Linkage to psychiatrist, counseling services, outpatient services, intensive family support services, medication monitoring, Integrated Case Management, or other programs that assist individuals to stabilize symptoms through pharmacological intervention, counseling, ongoing advocacy, support and monitoring.

**SCREENING OR PSYCH EVAL:** Different from above in that it is a one time event for assessment purposes.